Section: Civil Rights

104-01 Nondiscrimination Statement

104-02 Racial/Ethnic Data Collection and Reporting

104-03 Discrimination Complaints

104-04 WIC Participant Abuse of WIC Program

104-05 WIC Applicant Abuse of WIC Program

104-06 Limited English Proficiency (LEP) Other Language Services

SECTION: Civil Rights

SUBJECT: Nondiscrimination Statement

Federal Regulations: §246.8; FNS Instruction 113-1, Departmental Regulation 4300-003, Equal Opportunity Public Notification Policy-June 2, 2015

POLICY

State and local agency staff shall not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, age, national origin, sex, or disability in any manner prohibited by the laws of the United States or of the State of Connecticut.

Nondiscrimination Posters

Prominently display the USDA nondiscrimination poster entitled "And Justice for All" and the State of Connecticut poster "Discrimination is Illegal" at each local WIC agency and satellite site waiting area.

Contact the State WIC agency to obtain copies of the poster in four different languages and/or in alternative means of communication (Braille, large print, etc.).

Nondiscrimination Statement

The nondiscrimination statement must be included, at a minimum, on the State agency WIC home page on the web. Local agencies must submit, to the State agency Local Program monitor, for review and approval any new outreach materials, publications, leaflets, handouts and brochures that describe the WIC Program prior to their dissemination. The following nondiscrimination statement MUST be included on all publications, outreach materials, handouts, referral materials, leaflets and brochures that identify or describe the WIC program:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in

Spanish translation:

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés “USDA”) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Status of Current Materials

In order to avoid waste of current materials, WIC State and local agencies may deplete current supplies^. All new materials, however, must include this revised statement. If the material size does not permit the full statement to be included, the material MUST at a minimum include the statement, in print size no smaller than the text that:

“USDA is an equal opportunity provider and employer.”

^ Until such date to be determined by the USDA with additional guidance on use of these supplies.

Guidance for radio or television

In addition, for radio and television public service announcements the nondiscrimination statement does not have to be read in its entirety. Rather, the statement **“USDA is an equal opportunity provider and employer**” is sufficient to meet this requirement. Nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the WIC Program, are not required to contain this nondiscrimination statement.

Discrimination is Illegal

Connecticut law prohibits discrimination in

EMPLOYMENT

On the basis of

age
ancestry
color
genetic information
learning disability
marital status
past or present history of mental disability
intellectual disability
national origin
physical disability
race
religious creed
sex, including pregnancy, sexual harassment, transgender status, gender identity or expression, sexual orientation or civil union status
workplace hazards to reproductive systems
criminal record (in state employment and licensing)

In

recruiting
hiring
referring
classifying
promoting
advertising
discharging
training
laying off
compensating
terms and conditions

By

employers
employment agencies
labor organizations

Connecticut law prohibits discrimination in

HOUSING & PUBLIC ACCOMMODATIONS

On the basis of

age
ancestry
breastfeeding in a place of public accommodation
color
familial status (in housing)
lawful source of income
learning disability
marital status
mental disability
intellectual disability
national origin
physical disability
race
religious creed
sex, transgender status, gender identity or expression, sexual orientation or civil union status
use of a guide dog/training a guide dog

In

services rendered the public
rentals and sales of public and private housing

Connecticut law prohibits discrimination in

CREDIT TRANSACTIONS

On the basis of

age
ancestry
blindness
color
learning disability
marital status
intellectual disability
national origin
physical disability
race
religious creed
sex, transgender status, gender identity or expression, sexual orientation or civil union status

In

loans
mortgages
any credit transactions

If you believe you have experienced illegal discrimination, the CT Commission on Human Rights will investigate without cost to you. It is illegal for anyone to retaliate against you for filing a complaint.

For assistance contact:

Connecticut Commission on Human Rights & Opportunities

		Telephone	***TDD***	***FAX***
Southwest Region	350 Fairfield Avenue, **Bridgeport**, CT 06604	203-579-6246	203-579-6246	203-579-6950
West Central Region	55 West Main Street, Suite 210, **Waterbury**, CT 06702-2004	203-805-6579	203-805-6579	203-805-6559
Capitol Region	999 Asylum Avenue, **Hartford**, CT 06105	860-566-7710	860-566-7710	860-566-1997
Eastern Region	100 Broadway, **Norwich**, CT 06360	860-886-5703	860-886-5707	860-886-2550
Administrative Office	25 Sigourney Street, **Hartford**, CT 06106	860-541-3400	860-541-3459	860-246-5419

website: www.state.ct.us/chro

This notice provides general information about Connecticut law and is not to be considered an equivalent of the complete text. Revised 10/1/11.

La Discriminación es Ilegal

La ley en Connecticut prohibe la discriminación en

EMPLEO

Basado en

- edad
- linaje
- color
- información genética
- impedimento específico de aprender
- estado civil
- historial pasado o presente de incapacidad mental
- incapacidad intelectual
- origen nacional
- incapacidad física
- raza
- creencia religiosa
- sexo, incluyendo embarazo y hostigamiento sexual, estatus de transgender
- identidad de género o expresión, orientación sexual
- peligros al sistema reproductorio en el lugar de empleo
- récord criminal (en empleos y licencias por el estado)

En

- reclutar
- emplear
- referir
- clasificar
- ascender
- publicar
- anuncios
- despedir del empleo
- deponer de un empleo
- compensación
- términos y condiciones

Por

- patrón
- agencias de empleo
- gremio obrero

La ley en Connecticut prohibe la discriminación en

VIVIENDA & LUGARES PUBLICOS

Basado en

- edad
- linaje
- lactar en un lugar de acomodación pública
- color
- condición familial
- fuente legal de ingresos
- impedimento específico de aprender
- estado civil
- enfermedad mental
- incapacidad intelectual
- origen nacional
- incapacidad física
- raza
- creencia religiosa
- sexo, estatus de transgender, identidad de género o expresión
- orientación sexual
- uso y adiestramiento de perros guías

En

- servicios prestados al público
- rentas o ventas de casas públicas o privadas

La ley en Connecticut prohibe la discriminación en

TRANSACCIONES DE CREDITO

Basado en

- edad
- linaje
- ceguera
- color
- impedimento específico de aprender
- estado civil
- incapacidad intelectual
- origen nacional
- incapacidad física
- raza
- creencia religiosa
- sexo, estatus de transgender, identidad de género
- o expresión, orientación sexual,
- estado de la unión civil

En

- préstamos
- hipotecas
- transacciones de crédito

Si usted cree que ha sido víctima de discriminación ilegal, la Comisión de Derechos Humanos y Oportunidades en Connecticut investiga su caso sin costo a usted. Es ilegal que alguien tome represalias en su contra por someter una queja.

Para asistencia llame:

Comisión de Derechos Humanos y Oportunidades en Connecticut

		Teléfono	***TDD***	***FAX***
Southwest Region	350 Fairfield Avenue, **Bridgeport**, CT 06604	203/ 579-6246	203/579-6246	203-579-6950
West Central Region	55 West Main Street, Suite 210, **Waterbury**, CT 06702-2004	203/ 805-6530	203/805-6579	203/805-6559
Capitol Region	999 Asylum Avenue, **Hartford**, CT 06105	860/ 566-7710	860/566-7710	860/566-1997
Eastern Region	100 Broadway, **Norwich**, CT 06360	860/ 886-5703	860/886-5707	860/886-2550
Administrative Office	***25 Sigourney Street, Hartford, CT 06106***	***860/ 541-3400***	***860/541-3459***	***860/246-5419***

website: www.state.ct.us/chro

Este aviso provee información general acerca de la ley en Connecticut y no es para ser considerado equivalente al texto completo. Revisado 1 de octubre de 2011.

"AND JUSTICE FOR ALL"

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

USDA
UNITED STATES DEPARTMENT OF AGRICULTURE

FORM AD-475C (REVISED 12-99)

CHINESE: 美國農業部 (USDA) 禁止其所有計劃和活動有任何因種族、膚色、國籍、性別、宗教、年齡、殘障、政治信仰、性別和婚姻或家庭狀況的歧視行為。（非所有禁止基礎適用於所有單位)。需要任一溝通殘障人士的資料時（點字、放大字體、錄音帶，等等）請與美國農業部 (USDA) 的目標 (TARGET) 中心聯絡，電話 (202) 720-2600（語音和 TDD)。

若需抗議歧視行為，請致函 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 或打電話至 (202) 720-5964（語音和 TDD)。
美國農業部是一個機會平等的單位與雇主。

★ ★

SECTION: Civil Rights

SUBJECT: Racial/Ethnic Data Collection and Reporting

Federal Regulations: §246.8 (a)(3)

POLICY

Local agencies are required to collect and report participation in the WIC program by race and ethnicity. The purpose of this requirement is to ensure that those who are eligible to receive program benefits, minorities in particular get what they are entitled to receive.

Local agencies MUST report actual participation data by racial/ethnic category for each clinic, by recording this information in CT-WIC. Self-identification is used to determine a participant's racial/ethnic category. Participants must not be required to declare a racial/ethnic category as a condition of program participation. If questioned, local agency staff must explain to applicants and participants that the collection of racial/ethnic identity information is strictly for statistical requirements only and has no effect on the determination of their eligibility to participate in the WIC Program.

If a participant or participant's parent or guardian declines to provide this information, FNS 113-1 Section XII states that "visual identification shall be used to determine a participant's racial/ethnic category". It also states that participants may be asked to self-identify their racial group but only if it has been explained, and they understand, that the collection of this information is strictly for statistical reporting purposes only and has no effect on determination of eligibility.

If the applicant chooses NOT to self-identify, WIC staff must visually identify to determine the participant's racial/ethnic category. WIC staff must include the participant in the group to which he/she appears to belong or identifies with.

Racial/ethnic data and records must be accessible only by authorized personnel.

Definitions of Racial/Ethnic Categories

Ethnicity	Definition
Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." (A person could be Black but still be identified as Hispanic, because of Hispanic culture or origin.)
Not Hispanic/Latino	

Race	Definition
American Indian or Alaskan Native	A person having origins in any of the original peoples of North, Central and South America, and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “negro” can be used in addition to “Black or African American”.
Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Please answer <u>BOTH</u> questions for all family members applying for or receiving WIC.

1. Are you Hispanic or Latino? Check only one choice.

Name	No, not Hispanic or Latino (N)	Yes, Hispanic or Latino (H) A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

2. What is your race? Check one or more.

Write your First Name	American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. (1)	Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (2)	Black or African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American". (3)	Native Hawaiian or other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (4)	White A person having origins in any of the original peoples of Europe, Middle East, North Africa, or United States territories. (5)

This information is confidential and will NOT be used to decide if you are eligible for WIC.

Por favor, responda a <u>AMBAS</u> preguntas para todos los miembros de la familia que solicitan o que están recibiendo WIC.

1. ¿Es usted Hispano o Latino? Elija una opción sólamente.

Nombre del Cliente:	**No, ni Hispanio ni Latino (N)**	**Si, Hispanio o Latino (H)** Una persona de cultura u origen Cubano, Mejicano, Puertorriqueño, Sudamericano, Centroamericano, o de otra cultura u origen Español, sin importar la raza. Además de "Hispano o Latino", se puede utilizar el término "de origen Español."

2. ¿A qué raza pertenece? Elija una o más.

Escriba su primer nombre	**Indio Americano o Nativo de Alaska** Una persona descendiente de cualquiera de los habitantes aborígenes de América del Norte o América del Sur (incluyendo Centro América), y que se mantiene afiliado a su tribu o comunidad. **(1)**	**Asiático** Una persona descendiente de cualquiera de los habitantes originales del Lejano Oriente, Sureste Asiático, o del subcontinente Indio incluyendo, for ejemplo, Cambodia, China, India, Japón, Corea, Malasia, Paquistán, las Islas Filipinas, Tailandia, y Vietnam. **(2)**	**Negro o Afro-Americano** Una persona descendiente de cualquiera de los grupos raciales de Africa. Además de "Negro" o "Afroamericano", se pueden utilizar términos tales como "Haitiano" o "Negro." **(3)**	**Nativo de Hawaii u Otra Isla del Pacífico** Una persona descendiente de cualquiera de los habitantes originales de Hawai, Guam, Samoa, o de otra Isla del Pacífico. **(4)**	**Blanco** Una persona descendiente de cualquiera de los habitantes originales de Europa, Oriente Medio, del Norte de Africa o de los Estados Unidos. **(5)**

Esta información es confidencial y NO será utilizada para determinar si es usted elegible para WIC.

SECTION: Civil Rights

SUBJECT: Discrimination Complaints

Federal Regulations: §246.8 (b), FNS Instruction 113-1, Departmental Regulation 4300-003, Equal Opportunity Public Notification Policy-June 2, 2015

POLICY
Any individual who applies to or participates in the WIC program has the right to file a discrimination complaint. Applicants and participants must be advised at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.

Complaints Processed by the State

The State agency will process inquiries/complaints alleging discrimination based on; ancestry, marital status, religious creed, sexual orientation, lawful source of income and gender identity or expression.

Inform the applicant or participant of any alternative avenues of redress and provide them a copy of the Discrimination Complaint Procedure and Form.

The complaint procedure is as follows:

1. Applicants or participants may file complaints of alleged discrimination with the Local Agency or directly to DPH Equal Opportunity Officer **and** DPH State WIC Program Monitor.

2. Complaints filed at the Local Agencies **must** be directed or submitted to the following State contact points **within 24 hours** and the party alleging discrimination must be given the list of alternative avenues of redress.

3. The Equal Opportunity Officer may endeavor to mitigate or resolve any complaint at the lowest level possible and all records of complaints shall be maintained and reviewed on a regular basis by the DPH Equal Opportunity Officer to detect any patterns in the nature of these complaints.

4. The Equal Opportunity Officer will periodically review informal resolutions to assure that the agreement has been fulfilled and/or that no retaliatory actions have been taken by either party.

5. All complaints shall be processed within 90 days of receipt to ensure alternate avenues of redress are not foreclosed.

Local agencies receiving complaints must submit a copy of the Discrimination Complaint Form, via fax, within 24 hours to attention of **both**:

Equal Opportunity Officer
State of Connecticut, DPH
410 Capitol Avenue, MS#13AFA
P.O. Box 340308
Hartford, CT 06134-0308
Fax# 860-509-7111

WIC Program Monitor
State of Connecticut, DPH
410 Capitol Avenue, MS#11WIC
P.O. Box 340308
Hartford, CT 06134-0308
Fax# 860- 509-8391

Complaints Processed by USDA - Food and Nutrition Service

USDA – Food and Nutrition Service will process complaints of discrimination on the basis of; race, color, national origin, age, sex, or disability.

The complaint procedure is as follows:

1. Applicants and/or participants who request information regarding the Civil Rights complaint process, including a statement indicating they wish to file a Civil Rights complaint on one or more of the Federally protected bases, will be advised and provided the information included in the USDA Nondiscrimination Statement.

2. However, all complaints citing one or more of the Federally protected bases **must** be directed or submitted to the contact points in the Nondiscrimination Statement (see below) **within 24 hours** and the party alleging discrimination must be given the list of alternative avenues of redress.

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, sex, disability, gender identity, religion, reprisal and where applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form.

Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

Complainant Protection
Any individual who has made a discrimination complaint, formal allegation, testified, assisted, or participated in an investigation or proceeding shall not be intimidated, threatened, coerced, or discriminated against.

Confidentiality
The identity of every complainant shall be kept confidential except to the extent necessary to carry out the purpose of this part, including the conducting of any investigation, hearing, or judicial proceeding.

Discrimination Complaint Procedure (WIC et.al.)
This Discrimination Complaint Procedure covers alleged discrimination on the basis of; race, color, national origin, age, sex, disability and ancestry, marital status, religious creed, sexual orientation, lawful source of income, gender identity or expression and disability as defined by the Americans with Disabilities Act, Amendments Act, 2008 (ADAAA). Any person-alleging discrimination on the basis of race, age[2] disability, color, sex or national origin may file a complaint directly with the USDA within 180 days of the alleged discriminatory action.

The filing of a *discrimination* complaint shall in no way affect future considerations of eligibility or participation.

The Local Agency **and** DPH State WIC Program Monitor shall treat confidentiality as essential to the successful implementation of discrimination complaint processing. As such, when involved in such complaints, disclosure of information relating to the *nature of the complaint and the identity of the grievant* will be on a "need to know" basis, both inside and outside the Local Agency. Rights under the Privacy Act, 1974 will be stressed at all times and records retained shall be confidential except where disclosure is required by law.

Protection of Rights Provision

1. Any person who willfully interferes with or otherwise impairs the processing of any complaints taken under this policy, or in any way restricts or impairs the civil rights of the applicant/participant or any witness involved, will be subject to non-compliance sanctions.

2. The confidentiality of all investigations and counseling will be protected by the issuance of this policy.

3. This procedure shall not be construed as having the effect of barring any person from due process of law. If any person feels that he/she has been treated in a discriminatory manner; a complaint may be filed directly with the Connecticut Commission on Human Rights and Opportunities, the United States Equal Employment Opportunity Commission, United States Department of Agriculture/Food and Nutrition Services, the United States Department of Health and Human Services or any other state, federal, or local agency that enforces laws concerning discrimination in public service or public accommodation.

4. Any individual or witness may informally bring forth a claim of alleged discrimination or harassment without following the above prescribed discrimination complaint procedure, as complaints may be Written – by the applicant or client, Oral – in which case the LA staff person would write for the applicant/client *or* Anonymous-staff should file this paperwork also.

WIC STATE & FEDERAL DISCRIMINATION COMPLAINT AGENCIES

An individual has the right to file his or her complaint of discrimination with any or all of the relevant agencies listed below. The individual can also simultaneously avail himself or herself of this Department of Public Health's Discrimination Complaint Procedure.

1. **The Connecticut Commission on Human Rights & Opportunities**
   Complaints should be filed with the Commission on Human Rights and Opportunities no later than one hundred and eighty (180) days after the alleged act of discrimination occurred.

Capitol Regional Office
999 Asylum Avenue
Hartford, CT 06105
Tel: (860) 566-7710
TDD (860) 566-7710

Southwest Region
350 Fairfield Avenue, 6 Floor
Bridgeport, CT 06604
Tel: (203) 579-6246
TDD: (203) 579-6246

West Central Regional Office
55 West Main Street, Suite 210
Waterbury, CT 06702
Tel: (203) 805-6530
TDD: (203) 805-6579

Eastern Regional Office
100 Broadway
Norwich, CT 06360
Tel: (860) 886-5703
TDD: (860) 886-5707

Administrative Headquarters
25 Sigourney Street
Hartford, CT 06106
Tel: (860) 541-3400
TDD: (860) 541-3459

2. **CT District Office, United States Labor Department Wage and Hour Division**
   135 High Street
   Hartford, CT 06103
   Tel: (860) 240-4277

3. **USDA - Nondiscrimination Statement**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, sex, disability, gender identity, religion, reprisal and where applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form.

Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

STATE OF CONNECTICUT
Department of Public Health

WIC PROGRAM CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

Any person alleging discrimination on the basis of race, age[1] disability, color, sex or national origin must file a complaint, with the United States Secretary of Agriculture, within 180 days of the alleged discriminatory action.

The Local Agency shall take no action on Civil Rights (CR) complaints. Make two (2) copies of this Complaint Form; send the original to the DPH Equal Opportunity Officer, one copy to the DPH State WIC Program Monitor and keep one copy for your records.

PROTECTED CATEGORY:

Handled by USDA

- ☐ **Race**
- ☐ **Color**
- ☐ **National Origin**
- ☐ **Age**
- ☐ **Sex**
- ☐ **Disability**
- ☐ Marital Status
- ☐ Religious Creed
- ☐ Sexual Orientation
- ☐ Lawful Source of Income
- ☐ Gender ID or Expression

LOCAL AGENCY (LA) INFORMATION:

Date LA received complaint:_____ **Date LA sent DPH complaint**:_____

LA staff Name & Title who received and/or is reporting complaint:
_____

LA Name: _____ **LA Phone** : _____

LA Address: _____

INDIVIDUAL/ORGANIZATION/VENDOR NAMED IN COMPLAINT:

Individual named in complaint: _____

Organization named in complaint: _____

Vendor named in complaint: _____

Individual/Organization/Vendor Address: _____ **Phone**: _____

DOCUMENTATION TO BE COLLECTED

Copy:

- ☐ **Receipt**
- ☐ **Other-explain**

[1] All 'age' discrimination complaints are referred to the Federal Mediation & Conciliation Service in Washington, D.C. within 10 days of receipt at the United States Department of Agriculture/Food and Nutrition Services Regional Office of Civil Rights

COMPLAINING PARTY INFORMATION:

Individual making complaint:

☐ Applicant ☐ Client/Participant ☐ Other/ Specify:

Complainant Name : _____

Complainant Address : _____ **Phone** : _____

Date of Incident: _____

Complaints may be Written – by the applicant or client, Oral – in which case the staff person would write for the applicant/client *or* Anonymous-staff should file this paperwork also.

Description of Incident: (if denied program benefit, *for discriminatory reasons*, provide copy of denial letter). *Describe what happened, why complaining party believes it happened and how this is discrimination. List who else was involved and other parties that received service or benefits in a different manner.*

Describe what happened _____
_____

Describe why believe it happened _____
_____

Describe why it is discrimination _____
_____

List who else was involved (witnesses) _____
_____

List other parties receiving benefits or services in a different manner _____
_____

FOR DPH USE ONLY:

Date received complaint:_____ **Date sent complaint to USDA/HHS**:_____

Complaint Tracking/Follow-up: _____

REV 6/13

ESTADO DE CONNECTICUT
Departamento de Salud Pública

PLANILLA PARA DENUNCIAS POR DISCRIMINACION/VIOLACION DE LOS DERECHOS HUMANOS

Cualquier persona que alegue discriminación debido a su raza, discapacidad, edad, color, sexo u origen nacional, deberá rellenar una planilla para denunciar cualquier acción o práctica discriminatoria, y enviarla a la Secretaría de Agricultura de los Estados Unidos, durante cualquiera de los 180 días siguientes a la fecha en que dicho acto o práctica discriminatoria tuvo lugar.

La Agencia Local no deberá tomar acción alguna con respecto a denuncias por discriminación o violación de los Derechos Humanos. Haga dos (2) copias de esta planilla, envíe el original al Oficial del Departamento de Protección e Igualdad de Oportunidades del Departamento de Salud Pública, (DPH – Equal Opportunity Officer), envíe una copia al Monitor del Programa WIC del Estado (State WIC Program Monitor) y retenga una copia para sus archivos.

INDIQUE LA CATEGORIA:

Manejado por USDA

- ☐ Raza
- ☐ Color
- ☐ Origen Nacional
- ☐ Edad
- ☐ Sexo
- ☐ Discapacidad
- ☐ Linaje
- ☐ Estado Civil
- ☐ Orientación Religiosa
- ☐ Orientación Sexual
- ☐ Fuente de Ingresos
- ☐ Identidad de Género Expresión
- ☐ Otros/Explique:
  _____
  _____
  _____
  _____

INFORMACION DE AGENCIA LOCAL:

Fecha de recibo en Agencia Local:_____ Fecha de envío al Departamento de Salud Pública _____

Nombre y Título del empleado local que recibió y/o está presentando la querella:
_____

Agencia Local_____ **Teléfono** : _____

Dirección: _____ _____ _____

NOMBRE DEL INDIVIDUO/ORGANIZACION/VENDEDOR DENUNCIADO EN LA QUERELLA:

Nombre del individuo denunciado: _____

Nombre de la Organización denunciada: _____

Nombre del Vendedor denunciado:_____

Dirección del Individuo/Organización/Vendedor: _____

Teléfono: _____

DOCUMENTACION QUE BEBES COLLECTAR

Copias:

☐ **Recibo** ☐ **Otros/Explique**

[1] Todas las denuncias por discriminación debido a la edad son referidas a los Servicios de Reconciliación y Mediación del Gobierno Federal (Federal Mediation & Conciliation Service) en Washington, DC dentro de los diez (10) días siguientes al recibo de la querella por el Departamento de Agricultura de Estados Unidos/Oficina Regional de Protección de los Derechos Humanos (United States Department of Agriculture/Food and Nutrition Services Regional Office of Civil Rights

REV 6/13

INFORMACION DEL DENUNCIANTE

El denunciante:

☐ Solicitante ☐ Cliente/Participante ☐ Otro/Especifique:

Nombre del Denunciante :

_____

Dirección del Denunciante: _____ **Teléfono**:

_____

Fecha del Incidente: _____

Las denuncias deberán hacerse por Escrito - por el solicitante o cliente, Verbalmente - en cuyo caso el empleado local redactará para el solicitante o cliente, o Anónimo – en cuyo caso la denuncia deberá ser retenida en la agencia local.

Descripción del Incidente: (si se le denegaron beneficios del programa por razones discriminatorias, entregue una copia de el impreso de terminación/discontinuación de beneficios (Notice of Participant Action). *Describa lo que sucedió, por qué la parte denunciante cree que ocurrió y las razones por las que cree que el incidente constituye un acto discriminatorio. Escriba el nombre de cualquier otras persona involucrada* en el incidente, la cual recibió servicios o beneficios de forma diferente.

Describa que sucedió_____ _____

_____ _____

Describa por qué cree que sucedió_____

_____

Describa por qué cree que el incidente es un acto discriminatorio_____

_____ _____

Haga una lista de otras personas involucradas (testigos)_____

_____ _____

Haga una lista de otras personas que recibieron beneficios o servicios de una forma diferente

_____ _____

PARA USO DE DPH – FOR DPH USE ONLY

Date received complaint:_____ **Date sent complaint to USDA/HHS**:_____

Complaint Tracking/Follow-up: _____

REV 6/13

SECTION: Civil Rights

SUBJECT: WIC Participant Abuse of the WIC Program

Federal Regulations: §246.2; §246.7 (h)(1)(ii); §246.7 (h)(2)-(3); §246.9; §246.12 (u)(1)-(5) and §246.12 (u) (2) (iii)

POLICY

Participant abuse of the WIC program, which includes intentionally misrepresenting circumstances to obtain benefits, verbal or physical abuse or threat of physical abuse of other program participants, local program, clinic or vendor staff or property, shall result in suspension or disqualification from the WIC program. Suspension will not exceed three (3) months. In most cases, suspensions are handled by the local agency. When the decision to suspend a participant is made, the State agency must be notified. Disqualifications for participant abuse will not exceed 1 year. Disqualifications are handled by the State agency.

Any threats and acts of violence (verbal or physical) against a person or property should be reported to the police. Local agencies should use discretion and follow its parent agency procedures for contacting law enforcement.

Category I Violations

Actions related to intentional misuse of benefits, including but not limited to refusal to follow proper redemption procedures such as:

- Intentional selection of unauthorized foods within an approved food category
- Intentional selection of unauthorized quantities of authorized foods

Category I Violations shall be subject to the following sanctions:

First Occurrence	**A written or oral warning**
Second Occurrence	**A one-month suspension within a 12-month period**
Third Occurrence	**A three-month suspension within a 12-month period**

Category II Violations

Actions related to violation of WIC Participant Rights and Responsibilities including but not limited to:

- Verbal abuse of other participants, local agency nutrition and program, or vendor staff

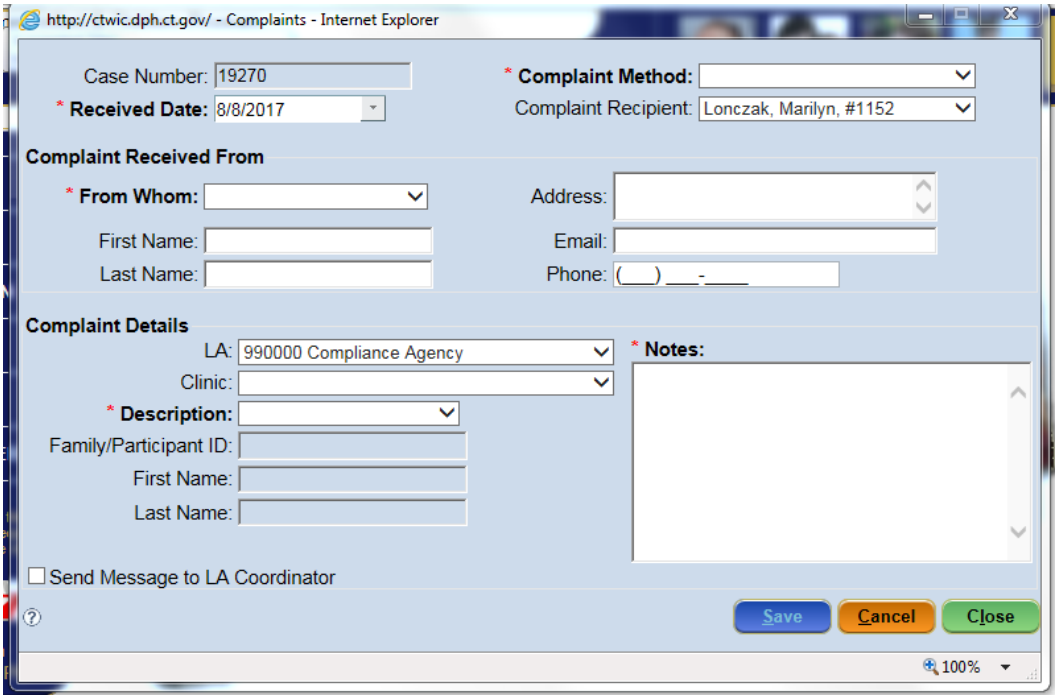
Category II Violations shall be subject to the following sanctions:

First Actual or Attempted Occurrence	**A written or oral warning**
Subsequent Actual or Attempted Occurrence	**A three-month suspension within a 12-month period**

For Category I or II Violations, the first attempt or occurrence, depending upon the nature of the incident or circumstances, the Local agency Coordinator, should discuss with the participant to attempt to resolve any misunderstandings prior to any adverse action in order to ensure the legitimacy of allegations of abuse. Coordinators can contact the State agency to discuss the situation or for further guidance if needed.

- If it is determined that the participant did engage in abusive conduct, warn the participant or guardian that continued like actions will result in suspension or disqualification as outlined above. This warning must be written or communicated verbally in the presence of at least one additional witness. Document the warning in the participant's CT-WIC record under the Miscellaneous Drop down, Complaints-Add screen.

- Enter all of the information on the Complaints-Add screen. Document the actions provided e.g. warning or suspension in the Notes section. Consider adding an alert to the record to ensure there is proper follow-up.



- If a suspension is warranted, hand deliver or mail by certified mail, return receipt requested, a copy of the Notice of Participant Action form to the participant stating the reason for suspension, indicating length of time and the right to appeal the suspension. If in person, request the participant sign the Notice of Participant Action form. If the form is mailed, the return receipt is used to indicate the participant was notified.

- Provide a copy (hard copy, e-mail or fax) of the suspension to the State agency within fifteen (15) days. Retain copies in the participant's file.

- In cases of suspension, if the participant requests a Fair Hearing, have the participant complete the required form, and assist them in forwarding to the State agency in the appropriate time frame.

Category III Violations

Including but not limited to:

- Physical abuse of other participants, local agency nutrition or program or vendor staff
- Misrepresentation of eligibility for program benefits
- Purchase/exchange of non-food items with WIC benefits
- Purchase/exchange of alcohol or tobacco products with WIC benefits
- Exchanging eWIC cards for cash
- Offering for sale, trade or donation or actual sale, trade or donation of WIC foods
- Receipt from food vendors of cash or credit toward purchase of unauthorized foods or other items of value in exchange for eWIC cards/benefits

When the State agency Fraud Investigator receives a complaint concerning a participant's Potential Misuse of Benefits (PMB), a Complaint will be entered in CT-WIC, by the State agency Fraud Investigator, in the same method as described above. The local agency Program Coordinator will receive a CT-WIC message regarding the complaint. The State agency Fraud Investigator will also contact the local agency Program Coordinator via secure e-mail with the Potential Misuse of Benefits Form for her/his action.

Refer to the Potential Misuse of Benefits Guidance for how to proceed once a participant complaint is received. Once the PMB Form is completed, the local agency Program Coordinator (or designee) must return it to the State agency for additional action.

Category III Violations shall be subject to the following sanctions:
The State agency will handle participant Category III violations that mandate a three-month suspension and 1 Year Disqualification.

Any Offense **Three-month suspension**

- If a suspension is warranted, the State agency will hand deliver or mail by certified mail, return receipt requested, a copy of the Notice of Participant Action form to the participant stating the reason for suspension, indicating length of time and the right to appeal the suspension. If in person, the participant will be asked to sign the Notice of Participant Action form. If the form is mailed, the return receipt is used to indicate the participant was notified.

- If the participant requests a Fair Hearing, the local agency may be asked to assist the participant in completing the Request for Fair Hearing form, and assist them in forwarding to the State agency.

Category III Violations mandating a 1 Year Disqualification from the WIC Program*:

- Dual participation
- Claims over $100
- Subsequent participant claims of any amount

State agency Actions for Participant Abuse

- If the State agency determines that Program benefits have been obtained or disposed of improperly as the result of a participant violation, the State agency must establish a claim against the participant for the full value of such benefits. In addition to establishing a claim, the State agency determines if disqualification is required.

- For all claims, the State agency issues a letter demanding repayment and advises the participant of the procedures to request a fair hearing and that failure to pay the claim may result in disqualification.

- If full restitution is not made or a repayment schedule is not agreed on within 30 days of receipt of the letter, the State agency must take additional collection actions until restitution is made or a repayment schedule is agreed upon, unless the State agency determines that further collection actions would not be cost-effective. In Connecticut, claims under $500.00 will not be subject to further collection actions.

- Per Federal regulations, for State agency claims assessed for $100.00 or more, assessed for dual participation, or assessed for a second or subsequent claim of any amount, the State agency must disqualify the participant for one year.

***Exceptions to Mandatory Disqualification outlined in the Federal Regulations:**

- The State agency **may decide not to impose a mandatory disqualification** if within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on, or, in *the case of a participant who is an infant, child, or under age 18, the State or local agency approves the designation of a proxy* (replacement Authorized Person (AP)).

- The State agency may permit a participant to reapply for the Program before the end of a mandatory disqualification period if, full restitution is made or a repayment schedule is agreed on, or, in the case of a participant who is an infant, child, or under age 18, the State or local agency approves the designation of a proxy (replacement Authorized Person).

- The State agency reserves the right to determine the appropriateness of the proxy (replacement Authorized Person) on a case-by-case basis in order to not deny benefits to the infant or child of participant parent who has violated Program rules.

- When appropriate, the State agency must refer participants who violate program requirements to Federal, State, or local authorities for prosecution under applicable statutes.

State of Connecticut
Department of Public Health
WIC Program

NOTICE OF PARTICIPANT ACTION

Date of Notice: _____

NAME	**WIC ID or DOB**
ADDRESS	
CITY/ZIP	**PHONE # ( ) -**

INELIGIBILITY/TERMINATION SECTION

☐ You or your infant/child are not eligible for the WIC Program for the following reasons:

☐ You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:

- ☐ Income is too high for the WIC Program.
- ☐ Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).
- ☐ Postpartum woman 6 months past your delivery date.
- ☐ Breastfeeding woman that discontinued breastfeeding before one year.
- ☐ Breastfeeding woman that reached WIC eligibility limit of 12 months.
- ☐ Child turning five (5) years old.
- ☐ Do not have a medical/nutritional health condition.
- ☐ Certification appointment for the Program was missed.
- ☐ Voluntary withdrawal from the Program.
- ☐ Other _____

DISQUALIFICATION SECTION

You are being suspended from the WIC Program for _____ because you broke the following WIC Program rule(s):
(amount of time)

_____

_____

FAIR HEARING SECTION

You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:

State of Connecticut - Department of Public Health-WIC Program
Attention: State WIC Director
410 Capitol Avenue MS # 11WIC
P.O. Box 340308
Hartford, CT 06134-0308

The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.

_____ _____
PARTICIPANT/PAYEE SIGNATURE **WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE**

Departamento de Salud Pública de Connecticut
Programa WIC

NOTIFICACIÓN DE TERMINACIÓN

Fecha de Notificación: _____

NOMBRE	**Número de Identificación o Fecha de Nacimiento**
DIRECCIÓN	
CIUDAD/CÓDIGO POSTAL	**TELÉFONO ( )**

SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN

☐ Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:

☐ Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:

- ☐ Ingresos demasiado altos para el Programa WIC.
- ☐ No pertenece a una categoría elegible de WIC (mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad).
- ☐ Mujer postparto después de 6 meses de la fecha del parto.
- ☐ Interrumpió la lactancia antes del primer año.
- ☐ Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC.
- ☐ Hijo(a) que va a cumplir cinco (5) años de edad.
- ☐ No presenta una condición clínica ni trastorno de salud nutricional.
- ☐ Faltó a la cita de certificación/re-certification.
- ☐ Se retiró voluntariamente del programa.
- ☐ Otro: _____

SECCIÓN SOBRE DESCALIFICACIÓN

Se le descalifica del programa WIC durante _____ porque usted infringió la(s) siguiente(s) regla(s) del Programa WIC:
(periodo de tiempo)

_____

_____

SECCIÓN DE AUDIENCIA IMPARCIAL

Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación or descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:

State of Connecticut – Department of Public Health – WIC Program
Attention: State WIC Director
410 Capitol Avenue MS #11 WIC
P.O. Box 340308
Hartford, CT 06134-0308

El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.

_____ _____

FIRMA DE LA PARTICIPANTE **FIRMA/TÍTULO DEL REPRESENTANTE DE WIC**

Esta institución es un proveedor que ofrece igualdad de oportunidades. Si cree que se le ha discriminado sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights1400 Independence Avenue, SW
Washington, D.C. 20250-9410; fax: (202) 690-7442; correo electrónico: program.intake@usda.gov.

SECTION: Civil Rights

SUBJECT: WIC Applicant Abuse of WIC Program

Federal Regulations: §246.9, 246.12 (u), 246.7(j)(5)

POLICY

Applicant abuse of the WIC program, which includes knowingly and deliberately misrepresenting circumstances to obtain benefits, physical abuse or threat of physical abuse of local agency, clinic or vendor staff or property, shall result in a denial of participation in the WIC program. The applicant must be given full opportunity to appeal.

Depending upon the nature of the circumstance, discuss and attempt to resolve the problem with the applicant.

Warn the applicant that continued like actions will result in a denial of participation in the WIC program. This warning must be written or communicated verbally in the presence of at least one additional witness. Document the incident by recording name, date, and the description of the incident and names of witness (es).

If a decision is made to deny WIC benefits, give the applicant a copy of the Notice of Participant Action form, stating the reason for denial. Mail a copy of the form to the State WIC agency within 15 days. Retain copies of all pertinent documents.

Follow the Standard Fair Hearing procedures (WIC 106-01), should the applicant request a Fair Hearing.

Any threats of acts of violence against a person or property must be reported immediately to the police.

SECTION: Civil Rights

SUBJECT: Limited English Proficiency (LEP) – Other Language Services

Federal Regulations: §246.8 (b), FNS Instruction 113-1, CNPP Civil Rights Policy Notice No. 2013-3

POLICY
Title VI of the Civil Rights Act of 1964, prohibits discrimination based on language. Any individual who applies to or participates in the WIC program who is not proficient in English must be provided with an interpreter.

All participants must be advised at the service delivery point of the availability of other language services. Local WIC agencies must use appropriate interpreters to communicate information. **Children are not to be used as interpreters.** Each local agency should have resources available to assure meaningful access for LEP applicants/participants.

Approved interpreters:

- A language line
- An adult family member, 18 years and older who is proficient in English and the other language
- A WIC staff that is proficient in the other language
- A certified interpreter by the State, or Federal Board